



**SEND
COMPLETED
FORM TO:**
The Appropriate
State or Regional
Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

ENVIRONMENTAL PROTECTION
AGENCY, REGION II
2014 NOV 12 P 2:37
RCRA PROGRAMS
BRANCH



**1. Reason for
Submittal**

MARK ALL
BOX(ES) THAT
APPLY

Reason for Submittal:

- ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☒ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

**2. Site EPA ID
Number**

EPA ID Number N Y R 0 0 0 0 5 4 8 4 1

3. Site Name

Name: CVS Pharmacy #1907

**4. Site Location
Information**

Street Address: 270 Montauk Highway

City, Town, or Village: Sayville

County: Suffolk

State: NY

Country: USA

Zip Code: 11782

5. Site Land Type

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

**6. NAICS Code(s)
for the Site
(at least 5-digit
codes)**

A. 4 4 6 1 1 0

C.

B.

D.

**7. Site Mailing
Address**

Street or P.O. Box: One CVS Drive

City, Town, or Village: Woonsocket

State: RI

Country: USA

Zip Code: 02895

**8. Site Contact
Person**

First Name: Wendy

MI: L

Last: Brant

Title: CVS Corporate Environmental Manager

Street or P.O. Box: One CVS Drive

City, Town or Village: Woonsocket

State: RI

Country: USA

Zip Code: 02895

Email: Wendy.Brant@CVSCaremark.com

Phone: 401-765-1500

Ext.:

Fax: 401-216-0138

**9. Legal Owner
and Operator
of the Site**

A. Name of Site's Legal Owner: Folksan Realty Associates

Date Became
Owner: 8/2/1993

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box: 7 Penn Plaza, Ste 618

City, Town, or Village: New York

Phone: 5167354800

State: NY

Country: USA

Zip Code: 10001

B. Name of Site's Operator: CVS Albany, L.L.C.

Date Became
Operator: 11/16/1993

Operator
Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☐ N ☒**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒

- 2. Short-Term Generator**
- (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒

- 5. Transporter of Hazardous Waste**
-
- If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- 6. Treater, Storer, or Disposer of Hazardous Waste**
- Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒

- 7. Recycler of Hazardous Waste**

Y ☐ N ☒

- 8. Exempt Boiler and/or Industrial Furnace**
-
- If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

- 9. Underground Injection Control**

Y ☐ N ☒

- 10. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste**
- (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☒

- 2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒

- 1. Used Oil Transporter**
-
- If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- 2. Used Oil Processor and/or Re-refiner**
-
- If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒

- 3. Off-Specification Used Oil Burner**

Y ☐ N ☒

- 4. Used Oil Fuel Marketer**
-
- If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

EPA ID Number N Y R 0 0 0 0 5 4 8 4 1

OMB#: 2050-0024; Expires 12/31/2014

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

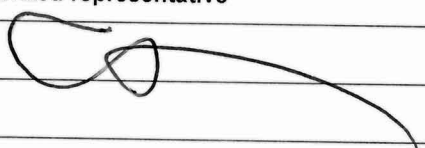
If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

The list of waste codes reported is comprehensive and representative of wastes that may be generated at any time from a 200k+ product inventory. Not all wastes identified will necessarily be generated at each location but the registration is intended to cover the potential generation of those wastes.

This site relocated. Please deactivate the EPA ID number.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Charles Savage Agent for CVS Albany, L.L.C.	11/3/2014



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

07/01/2014

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000054841

INSTALLATION NAME: CVS PHARMACY #1907

INSTALLATION ADDRESS : 270 MONTAUK HWY
SAYVILLE, NY 11782

MAILING ADDRESS : 1 CVS DR
WOONSOCKET, RI 02895

EPA Form 8700-12AB (4-80)

USEPA - REGION 2

RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel : (212) 637-4106
Fax: (212) 637-4437

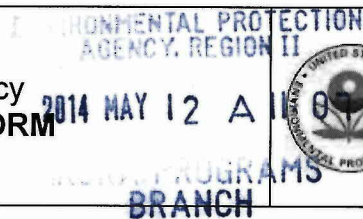
TO: CVS PHARMACY #1907
or Current Occupant

ATTN: WENDY BRANT
1 CVS DR
WOONSOCKET, RI 02895

**SEND
COMPLETED
FORM TO:**

The Appropriate
State or Regional
Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reason for Submittal

MARK ALL
BOX(ES) THAT
APPLY

Reason for Submittal:

- ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☒ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number

EPA ID Number N Y R 0 0 0 0 5 4 8 4 1

3. Site Name

Name: CVS Pharmacy #1907

4. Site Location Information

Street Address: 270 Montauk Highway

City, Town, or Village: Sayville

County: Suffolk

State: NY

Country: USA

Zip Code: 11782

5. Site Land Type

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

6. NAICS Code(s) for the Site (at least 5-digit codes)

A. 4 4 6 1 1 0

C.

B.

D.

7. Site Mailing Address

Street or P.O. Box: One CVS Drive

City, Town, or Village: Woonsocket

State: RI

Country: USA

Zip Code: 02895

8. Site Contact Person

First Name: Wendy

MI: L

Last: Brant

Title: CVS Corporate Environmental Manager

Street or P.O. Box: One CVS Drive

City, Town or Village: Woonsocket

State: RI

Country: USA

Zip Code: 02895

Email: Wendy.Brant@CVSCaremark.com

Phone: 401-765-1500

Ext.:

Fax: 401-216-0138

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: Folksan Realty Associates

Date Became Owner: 8/2/1993

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box: 7 Penn Plaza, Ste 618

City, Town, or Village: New York

Phone: 5167354800

State: NY

Country: USA

Zip Code: 10001

B. Name of Site's Operator: CVS Albany, L.L.C.

Date Became Operator: 11/16/1993

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

Y ☒ N ☐

1. Generator of Hazardous Waste

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒

2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

3. United States Importer of Hazardous Waste

Y ☐ N ☒

4. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒

5. Transporter of Hazardous Waste
-
- If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒

6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒

7. Recycler of Hazardous Waste

Y ☐ N ☒

8. Exempt Boiler and/or Industrial Furnace
-
- If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

9. Underground Injection Control

Y ☐ N ☒

10. Receives Hazardous Waste from Off-site

B. Universal Waste Activities; Complete all parts 1-2.

Y ☐ N ☒

1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☒

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

Y ☐ N ☒

1. Used Oil Transporter
-
- If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒

2. Used Oil Processor and/or Re-refiner
-
- If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒

3. Off-Specification Used Oil Burner

Y ☐ N ☒

4. Used Oil Fuel Marketer
-
- If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D004	D005	D006	D007	D008
D009	D010	D011	D016	D018	D024	D027
D035	D035	D039	P001	P012	P075	P188
U002	U010	U031	U034	U035	U044	U058
U059	U070	U072	U089	U122	U129	U132
U150	U151	U154	U165	U188	U200	U201
U204	U205	U206	U210	U279	U411	

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

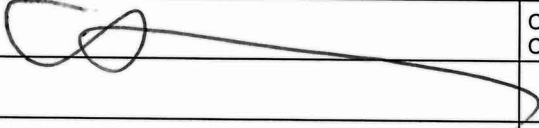
If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

The list of waste codes reported is comprehensive and representative of wastes that may be generated at any time from a 200k+ product inventory. Not all wastes identified will necessarily be generated at each location but the registration is intended to cover the potential generation of those wastes.

This site is now a CESQG.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Charles Savage Agent for CVS Albany, L.L.C.	5/06/2014

Charles Savage

Dear EPA Region 2,

Here are generator status conversions for CVS stores going to either CESQG or SQG. Please contact me if you have any questions.

Thank you,
Charles Savage
Hazardous Waste & Regulatory Specialist
760-602-8736

COMMERCIAL PROTECTION
GROUP REGION II
2014 MAY 12 A 11:06
PROGRAMS
BRANCH



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

01/07/2011

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000054841

INSTALLATION NAME: CVS PHARMACY #1907

**INSTALLATION ADDRESS : 270 MONTAUK HWY
SAYVILLE, NY 11782**

**MAILING ADDRESS : 1905 ASTON AVE
CARLSBAD, CA 92008**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: CVS PHARMACY #1907
or Current Occupant
ATTN: CHARLES SAVAGE
1905 ASTON AVE
CARLSBAD, CA, 92008**

**SEND
COMPLETED
FORM TO:**

The Appropriate
State or Regional
Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reason for Submittal

MARK ALL
BOX(ES) THAT
APPLY

Reason for Submittal:

- ☒ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☐ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number

EPA ID Number NYR 000 054 841

3. Site Name

Name: CVS PHARMACY #1907

4. Site Location Information

Street Address: 270 MONTAUK HIGHWAY

City, Town, or Village: SAYVILLE

County: SUFFOLK

State: NY

Country: USA

Zip Code: 11782

5. Site Land Type

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

6. NAICS Code(s) for the Site (at least 5-digit codes)

A. 446111

C.

B. 812922

D.

7. Site Mailing Address

Street or P.O. Box: 1905 ASTON AVE

City, Town, or Village: CARLSBAD

State: CA

Country: USA

Zip Code: 92008

8. Site Contact Person

First Name: CHARLES MI: A Last: SAVAGE

Title: HAZARDOUS WASTE SPECIALIST

Street or P.O. Box: 1905 ASTON AVE

City, Town or Village: CARLSBAD

State: CA

Country: USA

Zip Code: 92008

Email: csavage@3ecompany.com

Phone: 760 602 8736

Ext.:

Fax: 760 918 4068

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: CVS PHARMACY, INC

Date Became Owner: 12/30/2006

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box: ONE CVS DRIVE

City, Town, or Village: WOONSOCKET

Phone: 401 765 1500

State: RHODE ISLAND

Country: USA

Zip Code: 02895

B. Name of Site's Operator: CVS PHARMACY INC

Date Became Operator: 12/30/2006

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste permit is required for these activities.Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☒**5. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

- ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible]

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

[illegible]

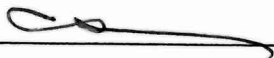
12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	CHARLES SAVAGE HAZARDOUS WASTE SPECIALIST	11/2/2010

RCRA Site Detail

Report run on: November 10, 2010 - 12:21 PM

Page 3

C V S

NYR000054841

EPA Region:02 Extract:Y County:SUFFOLK

State District: NYSDEC R1

Universes	Federal Generator: SQG	Transporter: N	Operating TSDF:-----	Active: Y
	State Generator: X	Importer: N	Commercial: N	El Indicator (HE / GW): N / N
	Short Term Generator: N	Mixed Waste Generator: N	HSM: N	IC In Place: N

Latitude/Longitude Measure - Owner: 02	Seq #: 1
Geometric Type Code: 001	Horizontal Collection Method: 001
Horizontal Accuracy Measure: 10	Horizontal Reference Datum: 002
Reference Point Code:	
Source Map Scale Numbers:	
Coordinates: 40.741242, -73.078246	

Receive Date: 01/01/2007 Source Type: Implementer Seq. Number: 3

Location 270 MONTAUK HWY	Mailing 270 MONTAUK HWY
Address: SAYVILLE, NY 11782	Address: SAYVILLE, NY 11782
	UNITED STATES

Contact Person
For Source Information Fax: 270 MONTAUK HWY
SAYVILLE, NY 11782
UNITED STATES

Owner (current) 4020 STIRRUP CREEK DR Type: Private
QUALEX INC DURHAM, NC 27703
From: To: DURHAM Phone: (212) 555-1212

Notes: This record created to coincide with EPA Mass Update for 01/01/2007 on Rundate: 06/11/2008

Operator (current) 4020 STIRRUP CREEK DR Type: Private
QUALEX INC DURHAM, NC 27703
From: To: DURHAM Phone: (212) 555-1212

Notes: This CP Indicator record created to coincide with EPA Mass Update for 01/01/2007 on Rundate: 06/11/2008...and HQ Criteria forcing at least one Current Operator to exist None existed to this update

Land Type: Bad code - Non Notifier: No TSD Date: Accessibility:

Notes: 22-APR-10 Verified Nulling of "Transferred to CERCLA Status": EPA Universe Clean-Up for 01/01/2006, (Rundate: 05/08/2007), as per 2003/2004/2005 Acute/NonAcute Manifest data. Old Univ= SQG New Univ= N Update 10/03 to ensure Leg_Dist is associated with correct Counties

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Small Quantity Generator; State: NY-X Replaces a Null value not allowed to reload via CDX.

Other Hazardous Waste Generator Activities

Short Term Generator:	No
Importer Activity:	No
Mixed Waste Generator:	No
Transporter Activity:	No
Transfer Facility:	No
TSD Activity:	No
Recycler Activity:	No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption:	No
Smelting, Melting, Refining Furnace Exemption:	No

Underground Injection Control:	No
Destination Facility for Universal Waste:	No

Used Oil Activities

Used Oil Transporter Activity	Off-Specification Used Oil Burner:	No
Transporter: No	Used Oil Fuel Marketer Activity	
Transfer Facility: No	Marketer who directs shipment off-specification used oil to off-specification used oil burner:	No
Used Oil Processor and/or Re-refiner Activity	Marketer who first claims the used oil meets the specifications:	No
Processor: No		
Refiner: No		

Subpart K

College/University:	No	Non-profit Research Institute:	No
Teaching Hospital:	No	Withdrawal:	No

RCRA Site Detail

Report run on: November 10, 2010 - 12:21 PM

Page 4

Receive Date: 01/01/2006	Source Type: Implementer	Seq. Number: 2
Location 270 MONTAUK HWY Address: SAYVILLE, NY 11782		Mailing 270 MONTAUK HWY Address: SAYVILLE, NY 11782 UNITED STATES

Contact Person

For Source Information Fax: 270 MONTAUK HWY
SAYVILLE, NY 11782
UNITED STATES

Land Type: Bad code - Non Notifier: No TSD Date: Accessibility:

Notes: 22-APR-10 Verified Nulling of "Transferred to CERCLA Status": EPA Universe Clean-Up for 01/01/2006, (Rundate: 05/08/2007), as per 2003/2004/2005 Acute/NonAcute Manifest data. Old Univ= SQG New Univ= N Update 10/03 to ensure Leg_Dist is associated with correct Counties

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Small Quantity Generator; State: NY-X Replaces a Null value not allowed to reload via CDX.

Other Hazardous Waste Generator Activities

Short Term Generator: No
Importer Activity: No
Mixed Waste Generator: No

Transporter Activity: No
Transfer Facility: No
TSD Activity: No
Recycler Activity: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: No
Smelting, Melting, Refining Furnace Exemption: No

Underground Injection Control: No
Destination Facility for Universal Waste: No

Used Oil Activities

Used Oil Transporter Activity Off-Specification Used Oil Burner: No

Transporter: No
Transfer Facility: No Used Oil Fuel Marketer Activity

Used Oil Processor and/or Re-refiner Activity Marketer who directs shipment off-specification used oil to off-specification used oil burner: No

Processor: No
Refiner: No Marketer who first claims the used oil meets the specifications: No

Subpart K

College/University: No Non-profit Research Institute: No
Teaching Hospital: No Withdrawal: No

RCRA Site Detail

Report run on: November 10, 2010 - 12:21 PM

Page 5

Receive Date: 07/14/1999		Source Type: Implementer		Seq. Number: 1							
Location 270 MONTAUK HWY Address: SAYVILLE, NY 11782			Mailing 270 MONTAUK HWY Address: SAYVILLE, NY 11782								
Land Type: Bad code -		Non Notifier: No		TSD Date:		Accessibility:					
Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties											
Regulated Waste Activities											
Hazardous Waste Generator Status - Federal: Small Quantity Generator; State:											
Other Hazardous Waste Generator Activities											
Used Oil Activities											
Short Term Generator:		No		Used Oil Transporter Activity		Off-Specification Used Oil Burner:		No			
Importer Activity:		No		Transporter:		No		Used Oil Fuel Marketer Activity			
Mixed Waste Generator:		No		Transfer Facility:		No		Marketer who directs shipment			
Transporter Activity:		No		Used Oil Processor and/or				off-specification used oil to			
Transfer Facility:		No		Re-refiner Activity				off-specification used oil burner:		No	
TSD Activity:		No		Processor:		No		Marketer who first claims the used			
Recycler Activity:		No		Refiner:		No		oil meets the specifications:		No	
Exempt Boiler and/or Industrial Furnace							Subpart K				
Small Quantity Onsite Burner Exemption:		No		College/University:		No		Non-profit Research Institute:		No	
Smelting, Melting, Refining Furnace				Teaching Hospital:		No		Withdrawal:		No	
Exemption:		No									
Underground Injection Control:		No									
Destination Facility for Universal Waste:		No									

RCRA Site Detail

Report run on: November 10, 2010 - 12:21 PM

Page 6

Receive Date: 05/13/1998	Source Type: Notification	Seq. Number: 1
Location 270 MONTAUK HWY Address: SAYVILLE, NY 11782		Mailing 270 MONTAUK HWY Address: SAYVILLE, NY 11782

Contact Person FRANK FAZIO
 For Source (516) 586-0333
 Information Fax:
 270 MONTAUK HWY
 SAYVILLE, NY 11782
 UNITED STATES

Owner (current) 4020 STIRRUP CREEK DR
 QUALEX INC DURHAM, NC 27703
 From: To: Type: Private
 Phone: (212) 555-1212

Land Type: Bad code - Non Notifier: No TSD Date: Accessibility:

Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Large Quantity Generator; State:

Other Hazardous Waste Generator Activities

Used Oil Activities			
Short Term Generator:	No	Used Oil Transporter Activity	Off-Specification Used Oil Burner: No
Importer Activity:	No	Transporter: No	
Mixed Waste Generator:	No	Transfer Facility: No	Used Oil Fuel Marketer Activity
Transporter Activity:	No		Marketer who directs shipment
Transfer Facility:	No	Used Oil Processor and/or	off-specification used oil to
TSD Activity:	No	Re-refiner Activity	off-specification used oil burner: No
Recycler Activity:	No		
Exempt Boiler and/or Industrial Furnace		Processor: No	Marketer who first claims the used
Small Quantity Onsite Burner Exemption:	No	Refiner: No	oil meets the specifications: No
Smelting, Melting, Refining Furnace			
Exemption:	No	Subpart K	
Underground Injection Control:	No	College/University: No	Non-profit Research Institute: No
Destination Facility for Universal Waste:	No	Teaching Hospital: No	Withdrawal; No

Description of Hazardous Wastes (as reported on Site Identification Form)

EPA Waste Codes: D000 D011

* End of Report *



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/18/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NYR000054841
FACILITY NAME ->	C V S
MAILING ADDRESS ->	270 MONTAUK HWY SAYVILLE, NY 11782
INSTALLATION ADDRESS ->	270 MONTAUK HWY SAYVILLE, NY 11782

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: FAZIO, FRANK
C V S
270 MONTAUK HWY
SAYVILLE, NY 11782

Please print or type with ELITE.

To avoid delays in processing, please complete all sections.
Only original signature of the Generator is acceptable.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA
FED X

Notification of Regulated Waste Activity
United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NYR000054841

II. Name of Installation (Include company and specific site name)

C V S

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

270 MONTAUK HWY

Street (Continued)

City or Town

SAYVILLE

State

Zip Code

NY

11782

County Name

SUFFOLK

IV. Installation Mailing Address

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

FAZIO

FRANK

Job Title

Phone Number (Area Code and Number)

516-586-0333

VI. Installation Contact Address

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

☐☐☐

SAME

City or Town

State

Zip Code

VII. Ownership

A. Name of Installation's Legal Owner

QUALEX INC

Street, P.O. Box, or Route Number

4020 STIRRUP CREEK DRIVE

City or Town

State

Zip Code

DURHAM

NC

27703

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)
Month Day Year

Yes

No

From: Jack Hoyt, AAMD, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel; (212) 637 4106

Call Joan Preston (516) 586-0333

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

B. Used Oil Recycling Activities

1. Generator (See instructions)

- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Bumer
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

5. Underground Injection Control

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Bumer
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Bumer - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☐

2. Corrosive (D002)

☐

3. Reactive (D003)

☐

4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☒

D 0 1 1

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

ORIGINAL

Name and Official Title (Type or print)

Shift

Date Signed

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)